

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: All Providers
CSO Administrators
Managed Care Organizations

Memorandum No: 06-23
Issued: May 8, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022

Subject: New Medical Identification (ID) Card Coding that Identifies Foster Care Children and increased payment rates

Important additions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program:

- 1. Effective February 1, 2006**, the Health and Recovery Services Administration (HRSA) added new identifiers to the Medical ID Card to identify children in foster care; and
- 2. Effective for dates of service on and after July 1, 2006**, certain identifiers are eligible for increased payment rates. This memorandum lists the details.

What is changing?

Effective February 1, 2006, the department began including the following identifiers (A, D, F, J, or R) on Medical ID Cards in the “Other” column:

A – Adoption support
D – DDD relative placement
F – Foster care placement
J – Juvenile Rehabilitation
R – Relative placement

Effective for dates of service on and after July 1, 2006, providers will be paid a higher rate when performing EPSDT screenings of foster care children who have identifiers D, F, and R listed on their Medical ID Cards. **To receive the increased rates, providers must enter modifier 21 in field 24D on the HCFA-1500 claim form.**

Billing Instructions Replacement Pages

Attached are replacement pages D.3 – D.10 for HRSA’s current *General Information Booklet*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Key to the Medical ID Card (MAID)

Field Descriptions

1. Address of CSO/HCS/MEDS
2. Date eligibility begins
3. Date eligibility ends
4. Medical coverage group*

Patient Identification Code (PIC) Segments

5. First and middle initials (or a dash (-) if no middle initial)
6. Six-digit birth date, consisting of numerals only (MMDDYY)
7. First five letters of the last name (and spaces if the name is fewer than five letters)
8. Tiebreaker (an alpha or numeric character)

Medical Coverage Information

- | | |
|---|--|
| 9. Insurance carrier code | A four-character alphanumeric code (<i>insurance carrier code</i>) in this area indicates the private insurance plan information.* |
| 10. Medicare | Xs indicate the client has Medicare coverage. |
| 11. HMO (Health Maintenance Organization) | Alpha code indicates enrollment in an HRSA managed care organization. This area may also contain the identifier PCCM (<i>primary care case manager</i>). The following ACES medical coverage groups, if not otherwise exempt, are required to enroll in HRSA managed care organizations: F01, F02, F03, F04, F05, F06, H01 and P02.* SCHIP enrollment is limited to F07. GA-U clients in King or Pierce counties, if not exempt are required to be enrolled in an HRSA managed care organization: G01. Clients in the following ACES medical coverage groups can voluntarily enroll in MMIP or WMIP: C01, G02, G03, K01, L01, L02, S01, and S02. |
| 12. Detox | Xs indicate eligibility for a 3-day alcohol or a 5-day drug detoxification program. |
| 13. Restriction | Xs indicate the client is on restriction or review due to over utilization or inappropriate utilization of medical services. The client is assigned to 1 physician, 1 pharmacist, and/or 1 hospital for nonemergent care. The words "client on review" will also be in field 20.* |
| 14. Hospice | Xs indicate the client has elected hospice care.* |
| 15. DD client | Xs indicate this person is a client of the DSHS Division of Developmental Disabilities. |
| 16. Other | Letters A, D, F, J or R indicate that the child is in Foster Care and is eligible for Early Periodic Screening, Diagnosis and Treatment (EPSDT) screenings.
<div style="margin-left: 40px;"> A – Adoption Support client in Relative Placement
 D – DDD client in Relative Placement
 F – Foster Care Placement
 J – Juvenile Rehab client in Relative Placement
 R – Relative Placement </div> |

Medical Coverage Information

17. **Health Insurance Claim (HIC)** Number shown here indicates that the client is on Medicare.
18. **Name and address** Name and address of client, head of household or guardian.
19. **Medical program identifier** Medical program identifier and medical program name.*
20. **Other messages** *(e.g., client on review, delayed certification, emergency hospital only).**
21. **Telephone number** Telephone number and name of PCCM or HRSA managed care organization.*
22. **Local field office** *Local field office (3 digits) and ACES assistance unit # (9 digits).*
23. **Internal control numbers** Internal control numbers for DSHS use only.
24. **Client's signature** May be used to verify identity of client.
25. **Client's primary language.**

*See following pages for further details about this field.

Field 4 – Medical Coverage Group

The codes below are the medical coverage groups found in field 4. These codes identify the type of medical assistance benefits the patient is eligible to receive.

By identifying the client's medical coverage group, the provider can determine the need for additional services such as pregnancy-related First Steps services or the provider can determine if the patient is potentially an enrollee of an HRSA managed care organization.

Medical Coverage Group Codes	Medical Coverage Group Definitions
C01, C95, and C99	Hospice and waiver and Community Based Programs such as COPEs, Basic, Basic+, CORE, and Community Protection
D01 and D02	Foster Care and Adoption Support
F01, F02, F03, F04	Family Medical
F05, F06, F08	Children's Medical
F07	State Children's Health Insurance Program (SCHIP)
G01 and G02	General Assistance
G03, G95, and G99 facility (ALF)	Medical Assistance for a resident of Alternate Living Facility (ALF)
H01	Legal guardian (children)
I01	Institution for the Mentally Diseased (IMD)

Medical Coverage Group Codes	Medical Coverage Group Definitions
K01, K03, K95, and K99	Long-Term Care – Families
L01, L02, L04, L95, and L99	Long-Term Care – Aged, Blind, Disabled
M99	Psychiatrically Indigent Inpatient
P02, P04, and P99	Pregnancy related
P05	Family Planning Only
P06	TAKE CHARGE
R01, R02, and R03	Refugee
S01, S02, S95, and S99	Aged, Blind, or Disabled (SSI)
S03, S04, S05, and S06	Medicare cost savings
S08	Healthcare for Workers with Disabilities (HWD)
W01, W02, and W03	ADATSA
F09 and S07	Alien Emergency Medical

Field 9 – Insurance Carrier Code

Some clients are covered under *private* health insurance plans. Premiums may be paid by the client, an absent parent, a relative, DSHS, or an employer.

Enrollment in a *private* Health Maintenance Organization (HMO) plan is indicated by an identifier beginning with **HM**, **HI**, or **HO** on the Medical ID card. Information can be located in *field 9* on an individual client level, and/or in *field 19* for all members of the family.

Third-party carrier code information is available on the DSHS-HRSA web site at <http://maa.dshs.wa.gov/LTPR> . The information can be used as an on-line reference, downloaded, or printed.

Field 11 – Health Maintenance Organization (HMO)

This field indicates a client's enrollment in one of HRSA's managed care organizations:

- Basic Health Plus (BH Plus);
- Healthy Options;
- General Assistance-Unemployable (GA-U) (King and Pierce Counties only);
- Washington Medicaid Integration Partnership (WMIP) (Snohomish County only);
- Medicare/Medicaid Integration Project (MMIP);
- State Children Health Insurance Program (SCHIP); or
- Primary Care Case Management (PCCM).

Plan Name	Healthy Options/ SCHIP Identifier	BH Plus Identifier	GA-U Managed Care Identifier	MMIP Identifier	WMIP Identifier
Asuris Northwest Health Plan	ANH				
Community Health Plan of Washington	CHPW	CHPP	CHPG		
Columbia United Providers	CUP	CUPP			
Evercare Premier				EVER	
Group Health Cooperative	GHC	GHP			
Kaiser Foundation Health Plan		KHPP			
Molina Healthcare of Washington	MHC	MHCP			MINT
Regence Blue Shield	RBS				

Plan Policy:

- The client must obtain all medical services covered under a managed care contract with HRSA through plan-designated facilities or providers.

The HRSA managed care plan is responsible for:

- ✓ Payment of covered services; and
- ✓ Payment of covered services referred by the plan to an outside provider (for specific guidance, contact the HRSA managed care plan using the customer service phone number found on page A.7 or listed on the client's DSHS medical ID card).

Plan Policy: (Continued)

- Some medical services not covered under the HRSA managed care plan's contract may be paid by HRSA if the services are covered benefits under the HRSA fee-for-service program and meet HRSA coverage requirements. Prior authorization may be required (see specific program billing instructions).
- Medical services that are covered under the HRSA managed care plan's contract are not paid by HRSA under the fee-for-service program.

Field 13 – Restriction**[Refer to WAC 388-501-0135]**

Clients who use medical services excessively or inappropriately may be assigned to the HRSA Patient Review and Restriction (PRR) program. The purpose of this program is to assist clients in using medical services appropriately. If a client is assigned to this program, there will be **Xs** in the **Restriction** column and “Client on Review” will be printed in the **Other Messages** area of the Medical ID card.

These clients select or are assigned a primary care provider (PCP), pharmacy, and/or a hospital for nonemergent care to provide them with their medical services. HRSA does not pay for services rendered by any physician or pharmacy other than the designated PCP or pharmacy, except in cases of emergency or referral by the designated PCP.

- Providers can discover a client's designated PCP, pharmacy, or hospital through the Medicaid Client Eligibility Inquiry Response 270-271 Transaction (see page C.1) or through the Medical Eligibility Verification (MEV) system (see page C.2).

Services provided by the following providers are **not** subject to restriction by the PRR program:

Dentists	Medical Transportation Services
Drug Treatment Facilities	Mental Health Facilities
Emergency Medical Services	Optometrists
Family Planning Agencies	Other Medical Providers
Home Health Agencies	(e.g., Durable Medical Equipment)

If you have questions about the PRR program or wish to report a client for utilization review call 360.725.1780.

Field 14 - Hospice

Hospice Services are available to clients in the Categorically Needy Program (CNP), Medically Needy Program (MNP), and SCHIP.

Terminally ill clients with a life expectancy of 6 months or less may choose to enroll in the Hospice benefit program. When enrolled in the Hospice program, clients **waive** services outside the Hospice program that are directly related to their terminal illness. All services related to their terminal illness are coordinated and provided by the designated hospice agency and attending physician **only**. Other providers **will not be reimbursed** by HRSA for services related to the terminal illness. For further information, refer to HRSA's *Hospice Services Billing Instructions*.

Only services **not** related to the terminal illness/hospice diagnosis may be provided to clients on a fee-for-service basis if covered under the client's HRSA program. For information about an HRSA managed care plan client enrolled in a Hospice program, the provider should contact the client's plan for further information.

Field 19 - Medical Program Identifier and Medical Program Name

Medical Program Identifier (How the program appears on the ID card)	Full Medical Program Name
CNP	Categorically Needy Program
CNP CHIP	State Children's Health Insurance Program
CNP	Children's Health Program
CNP Emergency Medical Only	CNP – Alien Emergency Medical
CNP - QMB	CN-Qualified Medicare Beneficiary
Detox Only	Detox
Family Planning Only	Family Planning Program
GA-U No Out of State Care	General Assistance - Unemployable
General Assistance	ADATSA, ADATSA Medical Only
LCP-MNP	Limited Casualty Program - Medically Needy Program

Medical Program Identifier (How the program appears on the ID card)	Full Medical Program Name
LCP-MNP Emergency Medical Only	Medically Needy Program – Alien Emergency Medical
MIP - Emergency Hospital Only No Out-of-State Care	Psychiatric Indigent Inpatient (PII) program
QMB – Medicare Only	Qualified Medicare Beneficiary - Medicare Only
TAKE CHARGE Family Planning	TAKE CHARGE

Note: See Section E *Program Descriptions* for further information on each program.

Field 20 – Other Messages

Delayed Certification: Sometimes a person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. In these cases, the eligibility determination date is after the actual month of service and a delayed certification indicator will be listed on the client's Medical ID card. The provider **must** refund any payment(s) received from the client for the period the client is determined to be eligible for medical assistance, and then bill HRSA for those services.

Retroactive Certification: Sometimes an applicant receives a service and then applies to HRSA for medical assistance at a later date. Upon approval of the application, the person was found eligible for the medical service at the time he or she received the service. The provider **may** refund payment made by the client and then bill HRSA for the service. If the client has not paid for the service and the service is within the client's scope of benefits, providers may bill HRSA.

Field 21 –Phone # and name of PCCM or HRSA Managed Care Plan

When a client is enrolled with a primary care case manager (PCCM) or an HRSA managed care plan, a PCCM or HMO identifier will appear in the *HMO* column.

The PCCM or HRSA managed care plan name and telephone number will also appear in this area, which is located at the bottom right hand corner of the client's Medical ID card. The HRSA managed care plan/PCCM will be identified only for the first client listed on the Medical ID card. Other family members on the Medical ID card may have a different PCCM. It is the provider's responsibility to obtain information about the other family members' PCCMs or managed care organizations from the client.

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